



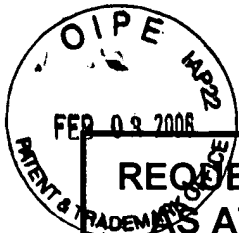
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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	10/738,405	
	Filing Date	December 16, 2003	
	First Named Inventor	Andrew Yaung	
	Group Art Unit Number	2841	
	Examiner Name	John B. Vigushin	
Total Number of Pages in This Submission	2	Attorney Docket Number	23939-08152

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
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REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:	<i>Albert C. Smith</i>	
Attorney/Reg. No.:	Albert C. Smith, Reg. No.: 20,355	Dated: 1/30/06

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:	<i>Albert C. Smith</i>	
Typed or Printed Name:	Albert C. Smith	Dated: 1/30/06
Express Mail Mailing Number (optional):		



**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/738,405
Filing Date	December 16, 2003
First Named Inventor	Andrew Yaung
Group Art Unit	2841
Examiner Name	John B. Vigushin
Attorney Docket Number	23939-08152

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	David Schneck, Patent Attorney Law Offices of Schneck & Schneck				
Address	80 S. Market Street, Third Floor				
Address					
City	San Jose	State	CA	Zip	95113-2303
Country	USA				
Telephone	(408) 297-9733	Fax	(408) 297-9748		

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 00758.
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Albert C. Smith, Reg. No.: 20,355
Signature	<i>Albert C. Smith</i>
Date	1/30/06

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.